

List all persons, beginning with yourself, who live in your house, and their age, sex, relationship to you; for persons 18 years old or older, their gross annual employment/benefit income; their source(s) of income (i.e. employment, SS, SSI, pension, etc); and social security number. **Please remember to attach copies of check stubs for the past two months or eligibility letters from Social Security or the Department of Human Services or other verification of income.**

	Name	Relationship	Age	Sex	Income	Source of Income	Social Security #
Applicant							

Number in Household _____ Annual Household Income: \$ _____

F. CERTIFICATION AND AGREEMENT

I certify that all the information above is complete, correct and true to the best of my knowledge. I understand that false or misleading information may result in the rejection of my application. I also understand that completion of this application in no way guarantees that I receive home repairs. Further, I give permission to check any and all information and/or references contained herein, including but not limited to employers; and further, I also give permission to check my credit rating and the credit information contained herein either directly or through a credit reporting agency.

Applicant _____ Date: _____

Co-Applicant _____ Date: _____

Office Use Only	
NRC: _____	Date: _____

RETURN COMPLETED APPLICATION AND ATTACHMENTS TO:

Vanessa A. Jackson
Department of Neighborhood Services and Community Development
1110 Market Street
Suite 333B Warehouse Row
Chattanooga, TN 37402
(423) 425-3741

APPLICATIONS MUST BE RECEIVED BY MARCH 30, 2007

HOME
REPAIR
APPLICATION

An Application for Assistance from
The Front Porch Alliance
in partnership with



The City of Chattanooga
Department of Neighborhood Services
and Community Development
and the
Office of Faith-Based and Community Partnerships



This is an application for assistance. It holds no obligations. All information will be verified prior to an applicant being placed on our waiting list for consideration. All applicants must meet established selection criteria.

A. PERSONAL INFORMATION

Head of Household: _____ Age: _____ Sex: _____

Social Security Number: _____ Race: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell Phone: _____

Marital Status: ☐Single ☐Married ☐Divorced ☐Widow/Widower

Name of Spouse: _____ Age: _____ Sex: _____

Social Security Number: _____ Race: _____

Are either you or your spouse handicapped or disabled? ☐YES ☐NO

If YES, what is the nature of the condition? _____

Have you ever been convicted of a misdemeanor or felony? ☐YES ☐NO

If YES, please explain _____

Whom should we contact in an emergency?

Name: _____ Phone: _____

Relationship: _____

B. EMPLOYMENT AND INCOME INFORMATION

Employer: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Gross Pay: _____ per _____ Hours per Week: _____ Length of Employment: _____

Spouse’s Employer: _____

Address: _____ Phone: _____

City _____ State _____ Zip _____

Gross Pay: _____ per _____ Hours per Week: _____ Length of Employment: _____

C. PRESENT HOUSING INFORMATION

How long have you lived at your present address? _____

Year your home was built? _____ Square footage: _____ Number of stories: _____

Do you have a mortgage on your home? ☐YES ☐NO

Mortgage company: _____

In which council district and neighborhood is your home located? _____

Verification of Ownership of Property

Property in the name of _____

Tax receipt number _____ for the year of _____

(or)

Deed (Recorded in the Hamilton Co. Registrar of Deeds Office)

Book # _____ Page # _____

Please attach a copy of the verification of ownership (deed or tax receipt).

Are your property taxes current through December 2006? ☐YES ☐NO

Do you intend to sell your property within the next three years? ☐YES ☐NO

D. OTHER ASSISTANCE

Have you submitted an application or sought assistance from any other home repair assistance program this year? ☐YES ☐NO

If yes, name of organization _____

Is there a pending application? ☐YES ☐NO

Have you had repairs made to your property in the last 5 years by any organization (World Changers, Chattanooga Neighborhood Enterprise, Widows Harvest, etc)? ☐YES ☐NO

If yes, name of organization _____ When? _____

E. REPAIRS/IMPROVEMENTS DESIRED

Please list the repairs needed on your house.* List work desired in order of priority need. Be sure to include both interior and exterior work needed.

Exterior

1. _____

2. _____

3. _____

4. _____

Interior

1. _____

2. _____

3. _____

4. _____

**This project is not designed to address electrical or faulty wiring problems or major repair needs, including any sewer work or certain above ground work.*